MONTANA LCD 4 CATERINGRPT Rev 11 14

Monthly Catering Report Instructions

These instructions will help you prepare your report. If you have questions about the Monthly Catering Report, please call us toll-free at (866) 859-2254 (in Helena at 444-6900) or visit our website at *revenue.mt.gov* for detailed instructions.

How to File Your Request

When filing your report, we encourage you to file electronically through Taxpayer Access Point (TAP). Electronic filing is simple, secure and convenient. To register for electronic filing, go to https://tap.dor.mt.gov. You will need your Account ID, account type (on-premises) and zip code. Once you are registered, you will be able to file and view your past requests.

If you choose not to file electronically, complete the Monthly Catering Report Form using blue or black ink. Print your Account ID and License Number in the blocks provided.

Where to File

If you choose not to file electronically, mail your form to Montana Department of Revenue, Liquor Control Division, PO Box 1712, Helena, MT 59624-1712.

Specific Instructions

- **Line 1.** Please provide your name as the entity or individual that owns the liquor license.
- **Line 2.** Please provide your business names for the liquor license business.
- **Line 3.** Please provide your Account ID.
- Line 4. Please provide your Liquor License Number.
- **Line 5.** Please enter the month for which you are sending your monthly catering report. In the table below, please list each individual event catered for the month and complete each column for each catered event.
- **Line 6.** Please check this box if no events were catered for the month you are reporting.



Monthly Catering Report

Catering Reports are due by the 15th day of each month for events catered in the previous calendar month.

You have two options for sending your request to us.

- ▶ Fill out your request online at *revenue.mt.gov* by registering on Taxpayer Access Point (TAP).
- ► Mail your request to the address listed below.

Montana Department of Revenue Liquor Licensing PO Box 1712 Helena, MT 59624-1712

| 1. Name of Licensee(s) | | | Date | |
|------------------------|-------|----------|--------------------------|---------------|
| 2. Business I | Name | | | |
| 3. Account IE | | | - O N P | |
| 4. License N | umber | | - | |
| 5. Month | | 6. No E | vents Catered This Month | |
| Date | Time | Location | Type of Event | Event Sponsor |
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